

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

Nagibe Al-Haj

Write the full name of each plaintiff.

18CV5505

No.

(To be filled out by Clerk's Office)

-against-

OMH State of N.Y.  
Imam Zalkفل، Ken

Write the full name of each defendant. If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section IV.

**COMPLAINT**  
(Prisoner)

Do you want a jury trial?

Yes  No

**NOTICE**

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

**I. LEGAL BASIS FOR CLAIM**

State below the federal legal basis for your claim, if known. This form is designed primarily for prisoners challenging the constitutionality of their conditions of confinement; those claims are often brought under 42 U.S.C. § 1983 (against state, county, or municipal defendants) or in a "Bivens" action (against federal defendants).

Violation of my federal constitutional rights

Other:

New York State O.M.H

**II. PLAINTIFF INFORMATION**

Each plaintiff must provide the following information. Attach additional pages if necessary.

Nagibe

First Name

Middle Initial

Last Name

Al-Haj

State any other names (or different forms of your name) you have ever used, including any name you have used in previously filing a lawsuit.

702987

Prisoner ID # (if you have previously been in another agency's custody, please specify each agency and the ID number (such as your DIN or NYSID) under which you were held)

Kirby Forensic Psych Center # 26

Current Place of Detention

600 East 125<sup>th</sup> St

Institutional Address

Wards Island N.Y.

County, City

State

10035-6095

Zip Code

**III. PRISONER STATUS**

Indicate below whether you are a prisoner or other confined person:

- Pretrial detainee
- Civilly committed detainee
- Immigration detainee
- Convicted and sentenced prisoner

Other:

OMH State of NY

#### IV. DEFENDANT INFORMATION

To the best of your ability, provide the following information for each defendant. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are identical to those listed in the caption. Attach additional pages as necessary.

Defendant 1:

First Name	Last Name	Shield #
<u>I M A M</u>	<u>Zaikh FL</u>	<u>N/A</u>
Current Job Title (or other identifying information)		
<u>600 East 125th St</u>		
Current Work Address		
<u>Wards ISLAND</u>	<u>NY</u>	<u>10035-6095</u>
County, City	State	Zip Code
<u>Kan</u>		

Defendant 2:

First Name	Last Name	Shield #
<u>I M A M</u>	<u>Kan</u>	<u>N/A</u>
Current Job Title (or other identifying information)		
<u>600 East 125th St</u>		
Current Work Address		
<u>Wards ISLAND</u>	<u>N.Y.</u>	<u>10035-6095</u>
County, City	State	Zip Code

Defendant 3:

First Name	Last Name	Shield #
Current Job Title (or other identifying information)		
Current Work Address		
County, City	State	Zip Code

Defendant 4:

First Name	Last Name	Shield #
Current Job Title (or other identifying information)		
Current Work Address		
County, City	State	Zip Code

V. STATEMENT OF CLAIM

Place(s) of occurrence: Kirby Forensic Psychiatric Center

Date(s) of occurrence: 5.10.18

FACTS:

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and how each defendant was personally involved in the alleged wrongful actions. Attach additional pages as necessary.

on the first Day of Ramadhan the  
I Mamt Refuse to Run Jamih  
Services seem he got the job at this  
Forensic Center he Post to Run  
Jamih Services But he Does Not  
Run it we did Not have any one  
to Run Jamih Services seem 4yr  
ago and The same with the other  
Imamt too.

## VII. PLAINTIFF'S CERTIFICATION AND WARNINGS

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I understand that if I file three or more cases while I am a prisoner that are dismissed as frivolous, malicious, or for failure to state a claim, I may be denied *in forma pauperis* status in future cases.

I also understand that prisoners must exhaust administrative procedures before filing an action in federal court about prison conditions, 42 U.S.C. § 1997e(a), and that my case may be dismissed if I have not exhausted administrative remedies as required.

I agree to provide the Clerk's Office with any changes to my address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

6-13-18

Dated

Nagibe

First Name

Middle Initial

Plaintiff's Signature

Al-Haj

Last Name

600 East 125th St

Prison Address

Wards ISLAND N.Y.

County, City

State

10035-6095

Zip Code

Date on which I am delivering this complaint to prison authorities for mailing: \_\_\_\_\_

## INJURIES:

If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.

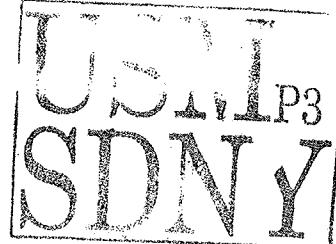
N / A

## VI. RELIEF

State briefly what money damages or other relief you want the court to order.

I feel for my damages is cast  
is 4.50

• Hai  
ATRIC CENTER  
YCHIATRIC CENTER  
PLEX 2E  
RK 10035-6095



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041M11289011

United States Dist. Court + House  
Southern District of N.Y.  
500 Pearl St. Rm 200  
New York, N.Y. 10007

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